Why Are Effective Handoffs Critically Important?

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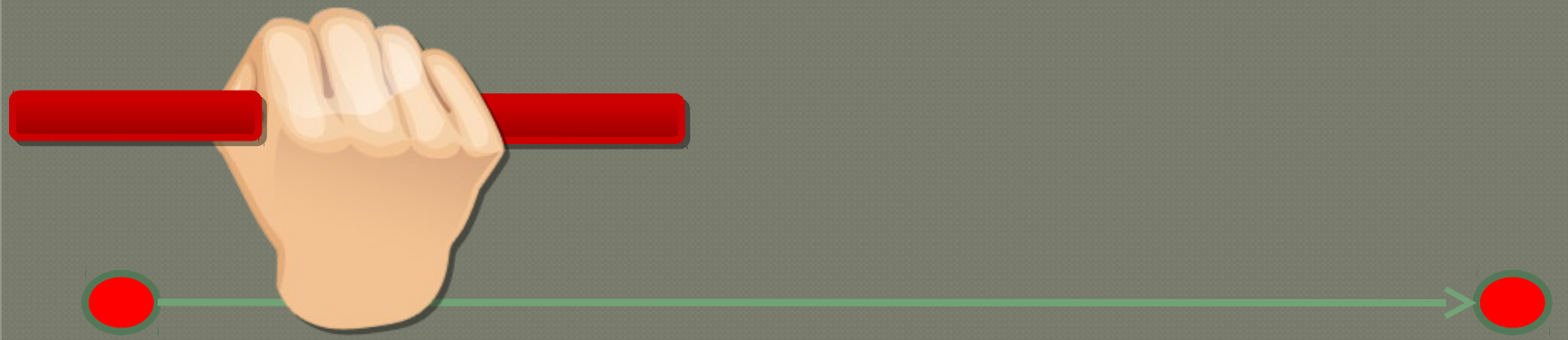
Executive Director
Federal Recovery Coordination Program
MHS, January 2011

From the Conference Agenda

- “. . . . the process of care handoffs [information exchange] between providers, across clinics, across venues of care, between direct and purchased care, across the DoD and VA, and in the most complex social and medical situations…”

Why Talk About This At All?

- We generally think of handoffs as a simple two way communication –
  - Shift change
  - On-call change
  - Hospital “area” change (OR to Recovery Room, for example)
  - Facility to facility transfer



It Is That and More

- Complicated delivery systems
  - Stovepipe views
  - Multiple transfers are inherent
  - DD214 line is blurred
  - Benefit qualifications vary
  - IT doesn’t solve all the problems
- Patient and family expectations
  - Trust
  - Social media
- Improve what we do

We Also Know

- Institute of Medicine 1999 report *To Err is Human: Building a Safer Health System*
  - *[Errors are] caused by faulty systems, processes, and conditions ... ”*
- Institute of Medicine 2001 report *Crossing the Quality Chasm*
  - Handoffs provide opportunity for error
- In 2006, the Joint Commission determines that handoffs should be a National Patient Safety Goal
  - Improving the effectiveness of communication by providing accurate information about an individual’s care, treatment, and services; current condition; and any recent or anticipated changes

And We Have Demonstrated That

- High risk, safety-critical endeavors require clear handoff strategies
  - Airline industry
  - Nuclear submarines
  - Satellite control centers
  - Formula One race cars

What Happens When We Don’t Communicate Effectively?

“….we made it safe and sound. Unfortunately though, they were not prepared for us in the least. None of his medications were on hand, and they didn't even have any of his food. He just now started on food about 3 hours ago. Yes, he has went about 30 hours without anything in his belly. . . .

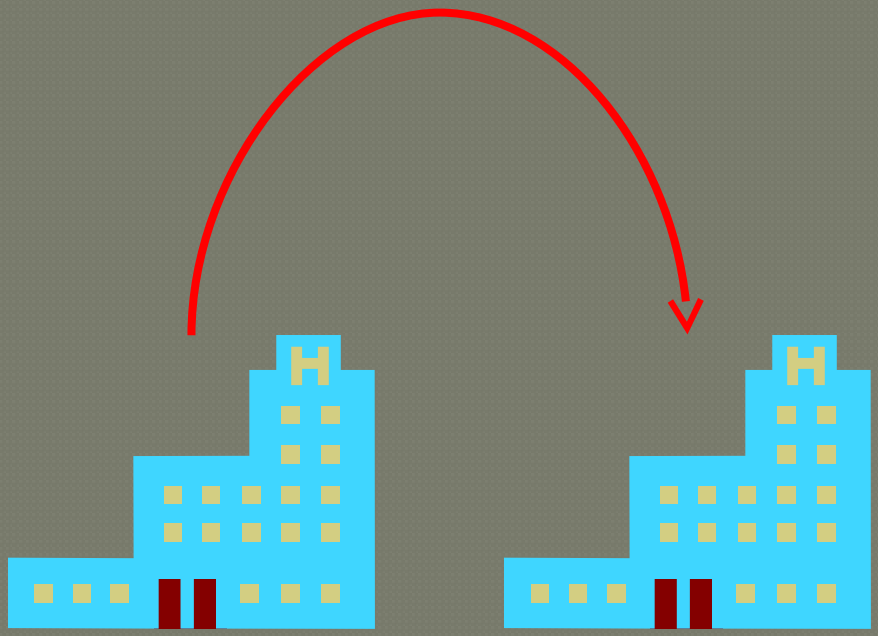
They also didn't have a bed for him (he needs a special one . . .). They are in the process of getting him one, so hopefully it will be here tomorrow.

I was also very disappointed that [the] hospital gave us 2 pain medications in pill form. Ummm…hello…[he] has a feeding tube. He can't swallow! So when he was in pain while in flight, there was nothing we could do. Very upsetting!

I would not leave the hospital because nobody seemed to have a clue about his 'issues‘ …. all of the docs that we did see were very surprised that [he] is doing as well as he is

For Healthcare Professionals, Handoffs

- Transmit important information
- Transfer responsibility and authority



For Patients, Handoffs = Trust

- Patients expect the system to be accurate and will trust it.
- Trust changes with system experience.
- Patients weigh each experience differently.
- Trust affects . . . . compliance with advice.
- Rebuilding trust is a difficult process.

http://www.sigchi.org/chi96/Doctor-Consort/fox/jef_txt.htm

Improving Handoffs

- Are critical to our success in:
  - Improving patient safety
  - Improving patient satisfaction
  - Reducing duplicative and unnecessary work
  - Decreasing costs
  - Building teams
  - Educating teams
  - Improving care continuity

mproving Hand-Off Communication, Joint Commission Resources Handbook, Meghan Pillow, Editor, 2007

The Quadruple Aim:
The MHS Value Model

Clear communication and effective handoffs are critical components to achieving the quadruple aim

Objectives

- Improve understanding of:
  - Transitions
  - Processes
  - Programs
  - Handoffs

Presentation Overview

- Definitions
- Discussion Framework
- Processes
  - Injury/Illness Recovery and Rehabilitation
  - Disability Evaluation System (DES/IDES)
- Programs and Support Systems
- Strategies for Improving Handoffs

Definitions - Transition

- **Life cycle transitions** are critical phases during which important developmental, social, or economic changes are likely to occur
  - Marriage
  - Birth

- **Institutional transitions** indicate a change in status for the individual as a function of moving from one institutional environment to another
  - Inpatient to outpatient
  - Operating room to recovery room
  - Deployment
  - Military to civilian

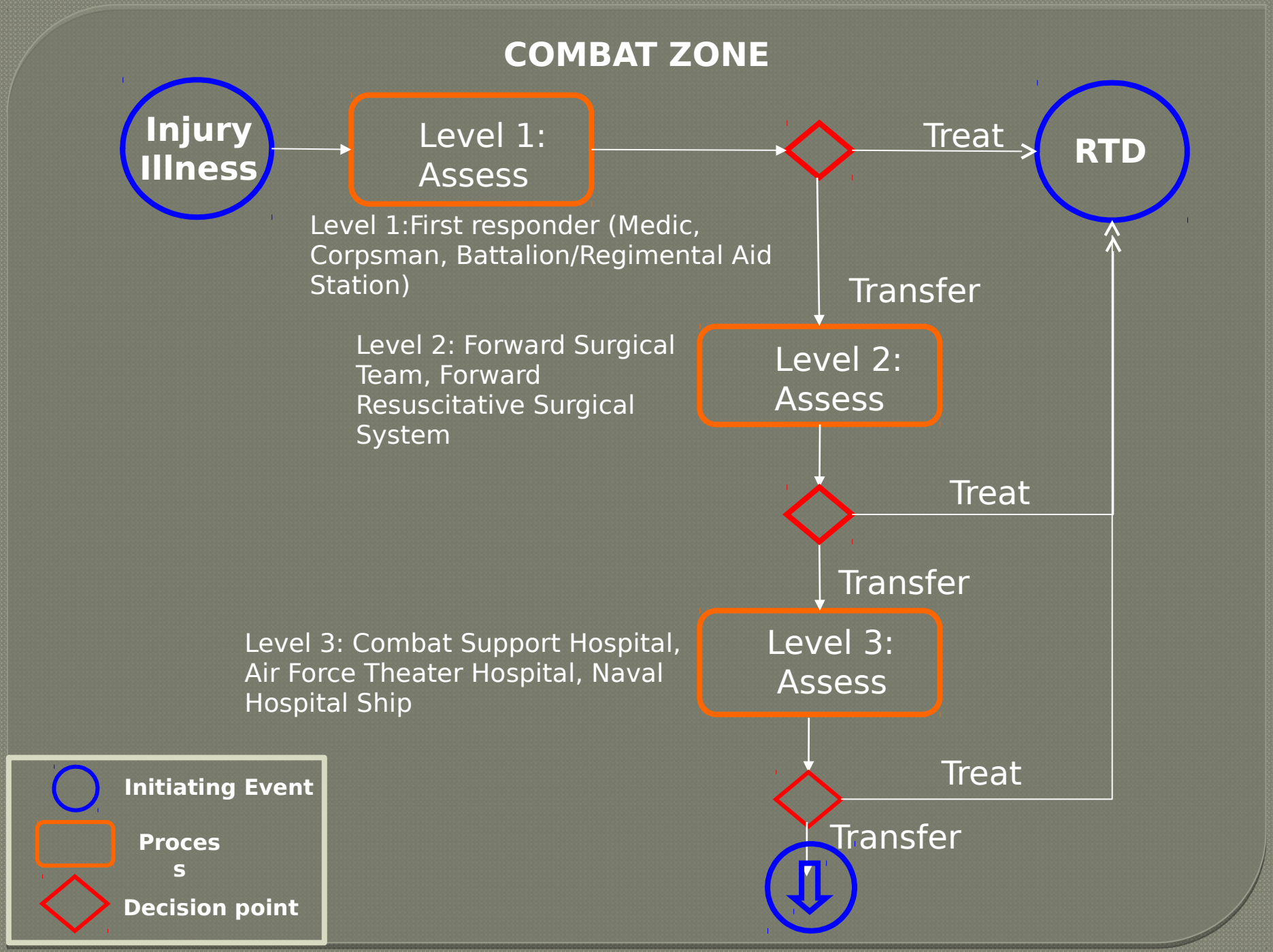
- **Any transition can be stressful**

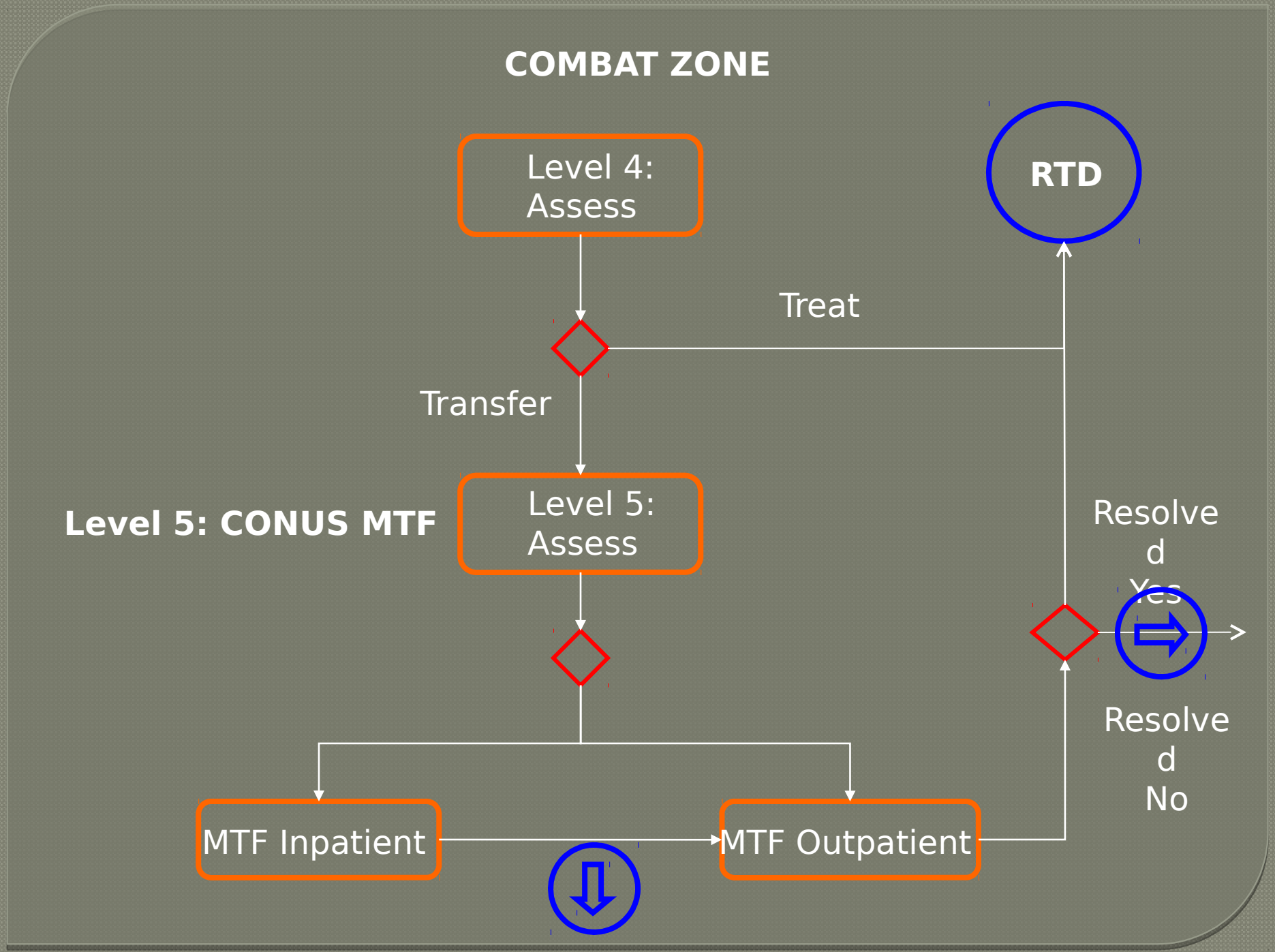
- **All transitions are opportunities for communication failures**

Discussion Framework

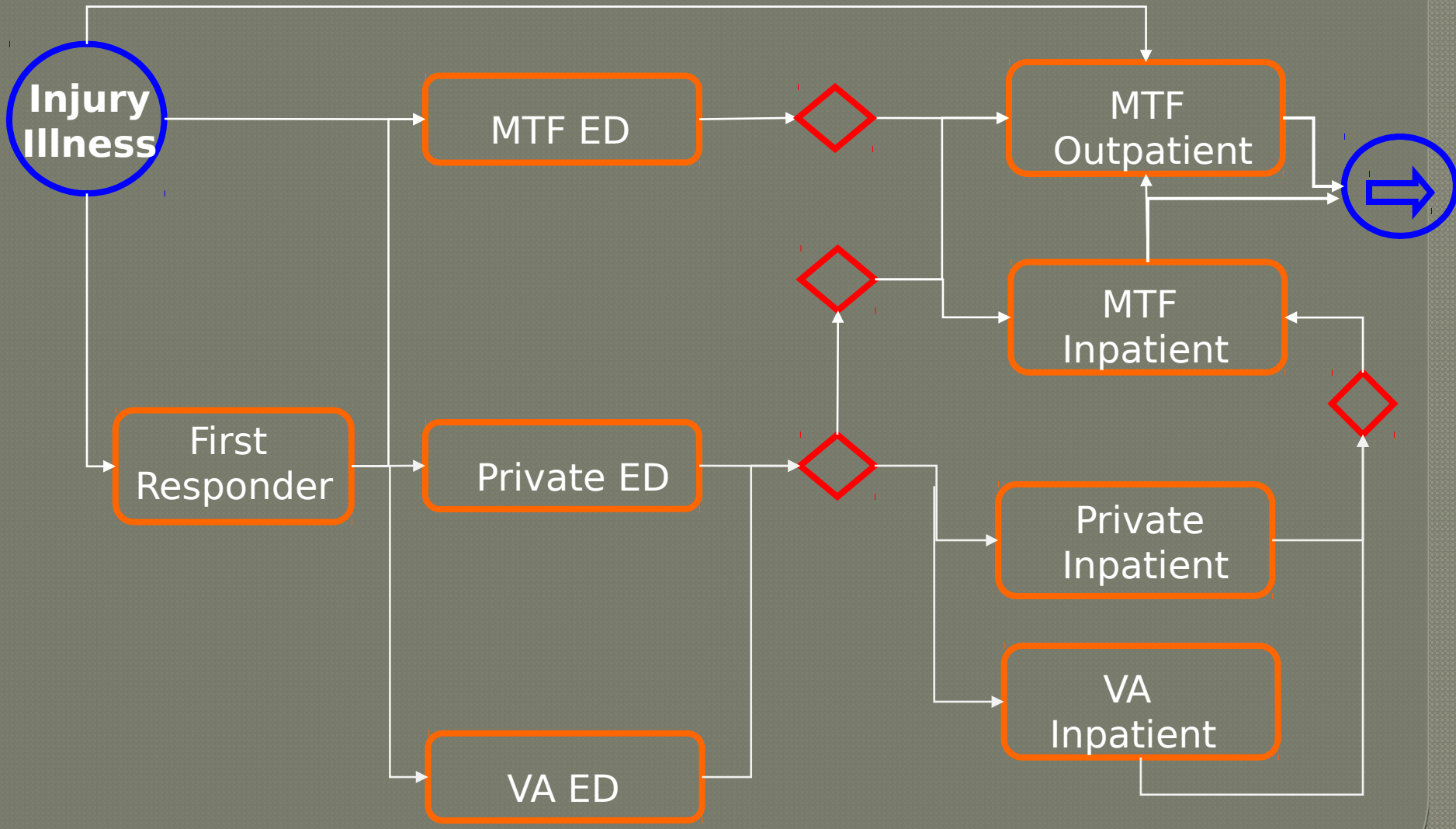
From injury or illness diagnosis of a military member

To return to civilian life

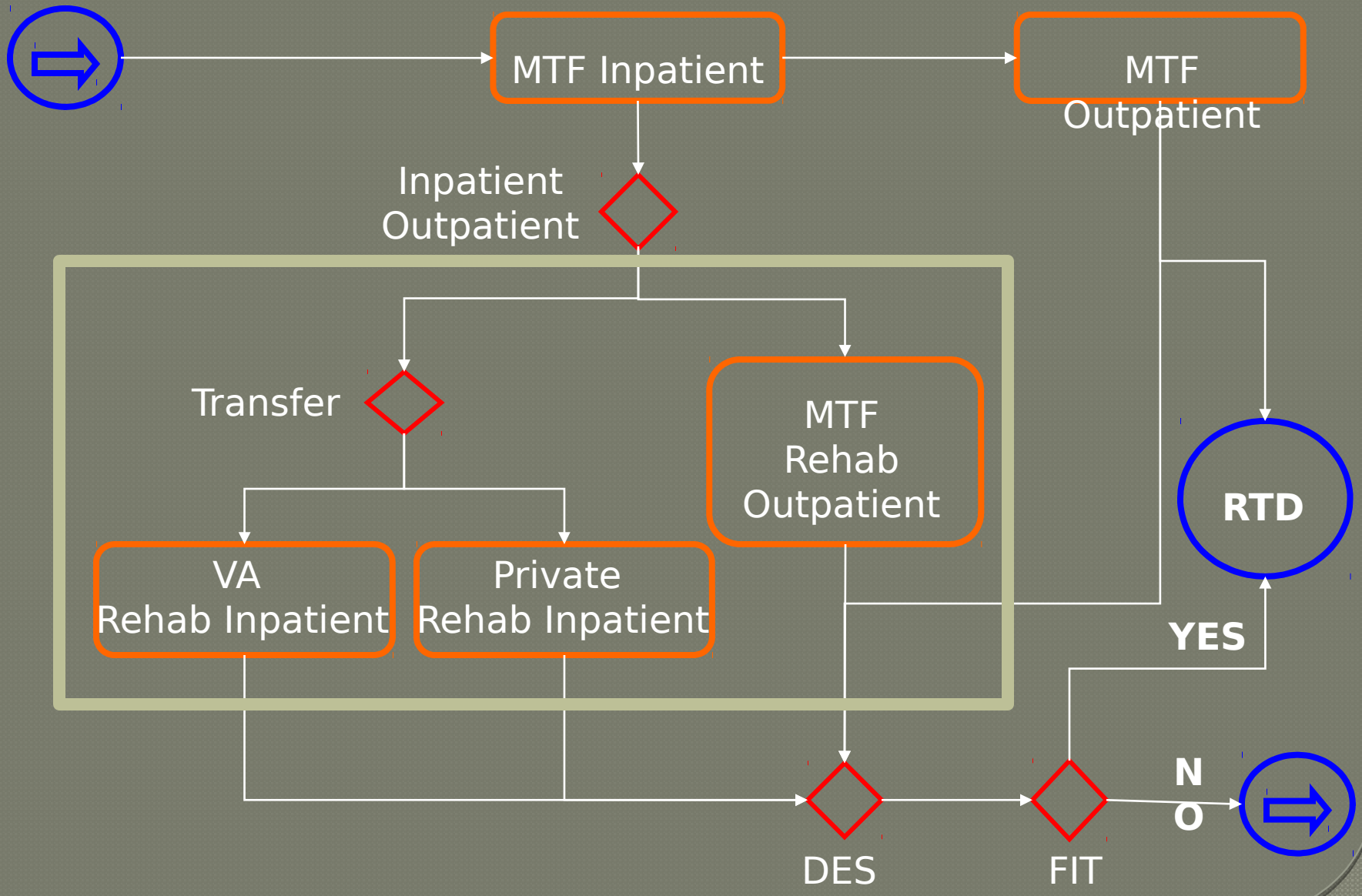

COMBAT ZONE
Injury Illness
Level 1: Assess
Treat
RTD
Level 1:First responder (Medic, Corpsman, Battalion/Regimental Aid Station)
Transfer
Level 2: Forward Surgical Team, Forward Resuscitative Surgical System
Level 2: Assess
Treat
Transfer
Level 3: Combat Support Hospital, Air Force Theater Hospital, Naval Hospital Ship
Level 3: Assess
Treat
Transfer
Initiating Event
Proces s
Decision point


COMBAT ZONE
Level 4: Assess
RTD
Treat
Transfer
Level 5: CONUS MTF
Level 5: Assess
Resolve d Yes
Resolve d No
MTF Inpatient
MTF Outpatient

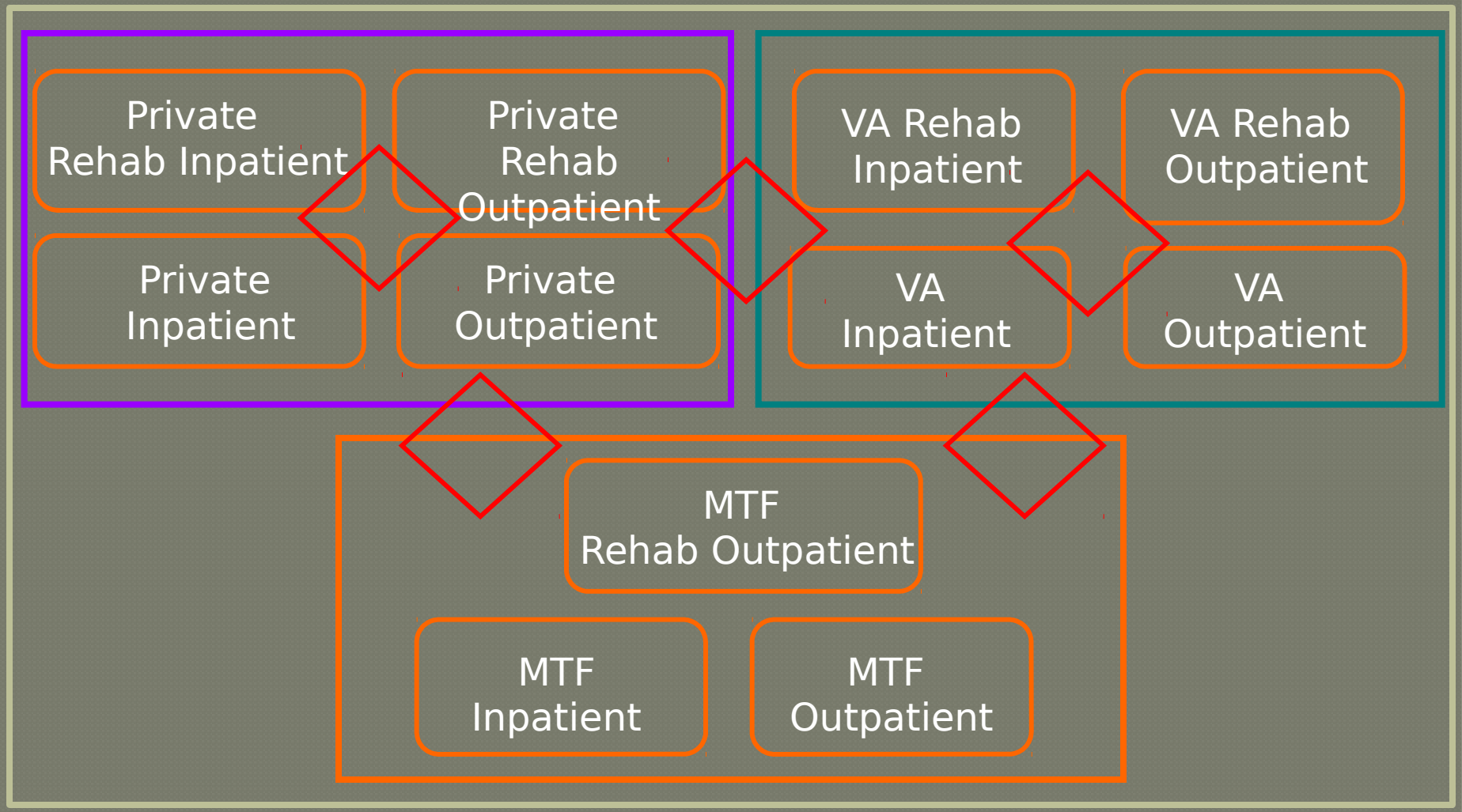
CONUS


Injury
Illness
MTF ED
MTF
Outpatient
MTF
Inpatient
First
Responder
Private ED
Private
Inpatient
VA
Inpatient
VA ED

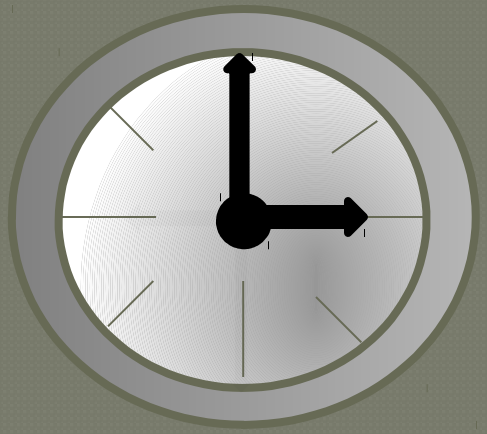
CONUS TREATMENT



Multiple Transfers are Possible



Up To 15 Handoffs (or more)



Handoff Tools

- Each transition supported by a variety of tools created for the particular event
  - Oral
  - Written
  - Electronic

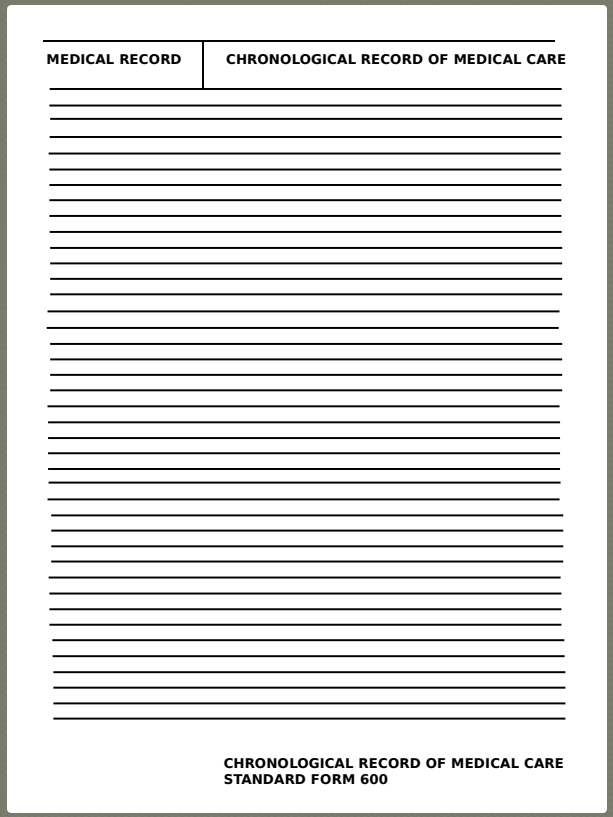
Combat Theater – Electronic Tools

- AHLTA-Mobile
- AHLTA-T
- AHLTA Warrior
- JMeWS (Joint Medical Workstation)
- MEDIC (Medical Environmental Disease Intelligence & Countermeasures)
- TC2 (Theater Medical Information Program Composite Health Care System Caché)
- TMDS (Theater Medical Data Store)

https://www.mc4.army.mil/software.asp

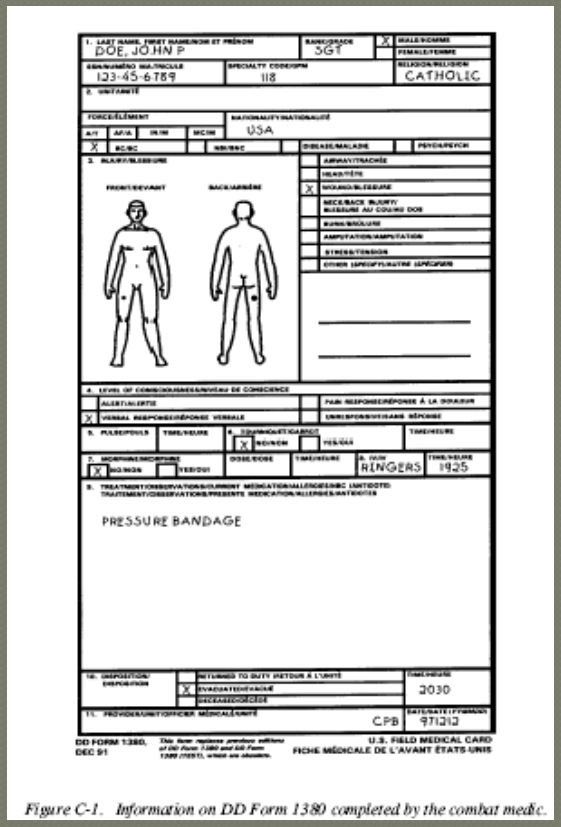
Combat Theater – Paper Tools

- DD 1380 (field medical card) and the SF 600 (chronological medical record of care)


MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

CHRONOLOGICAL RECORD OF MEDICAL CARE
STANDARD FORM 600


DOE, JOHN P

SGT

123-45-6789

118

CATHOLIC

USA

RINGERS 1925

PRESSURE BANDAGE

2030

CPB 971210

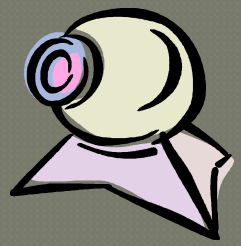
DD FORM 1380, DEC 91

U.S. FIELD MEDICAL CARD
FICHE MÉDICALE DE L'AVANT ÉTATS-UNIS

Figure C-1. Information on DD Form 1380 completed by the combat medic.

Combat Theater – Oral

- Face to face
- Telephone
- Virtual



Hospital – Electronic Tools

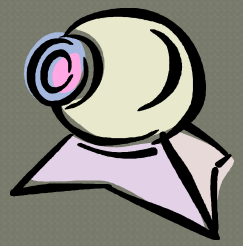
- Electronic Health Record
- Between DoD and VA
  - Bidirectional Health Information Exchange (BHIE)
  - Federal Health Information Exchange (FH
  - CHDR (Clinical Data Repository [CDR] of AHLTA, and VA's Health Data Repository [HDR])
  - Scanned paper records

Hospital – Paper Tools

- SBAR (Situation, Background, Assessment, and Recommendation)
- DoD to VA Polytrauma Checklists
- Military Discharge Checklists

Hospital – Oral

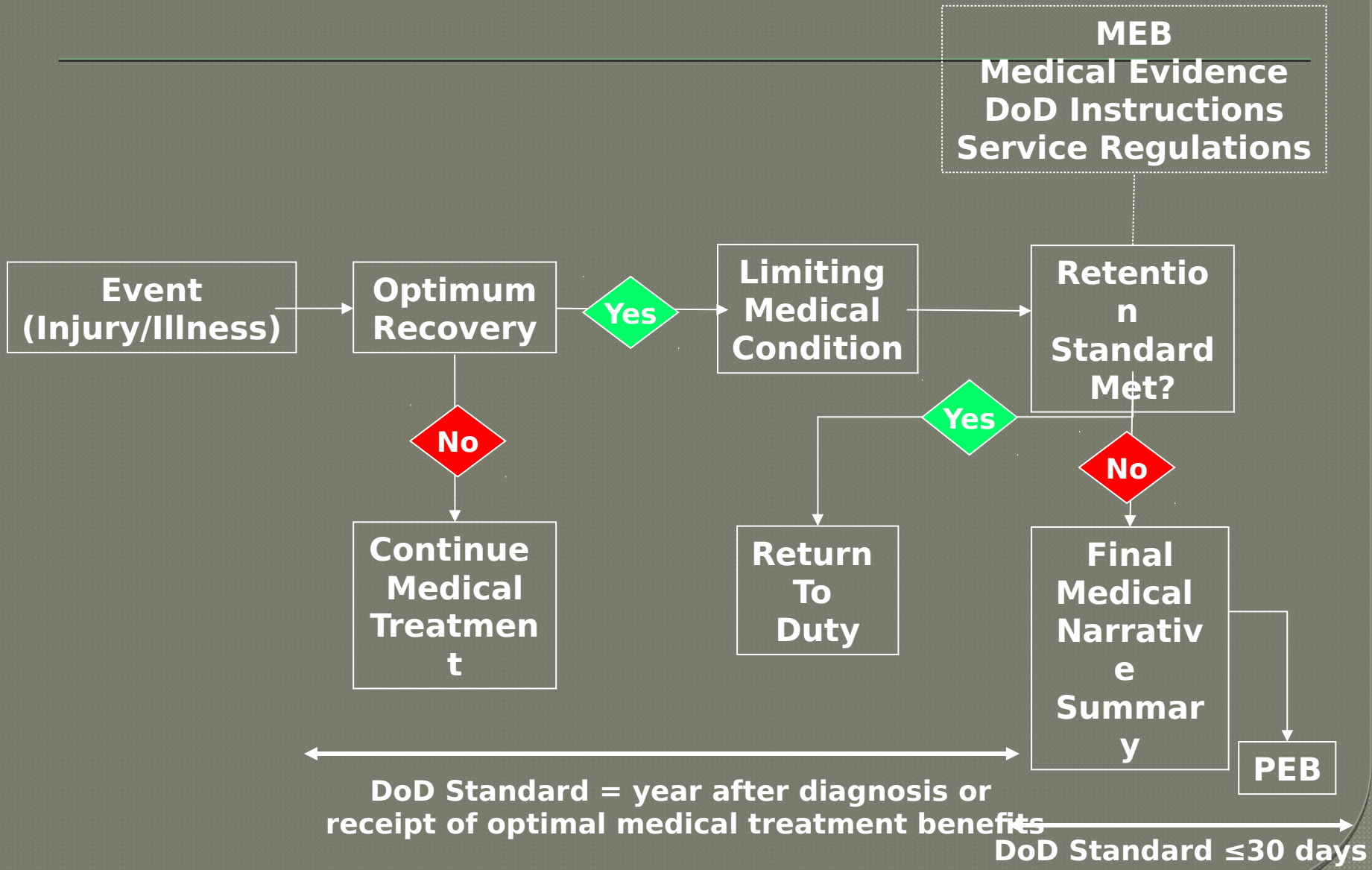
- Face to face
- Telephone
- Virtual



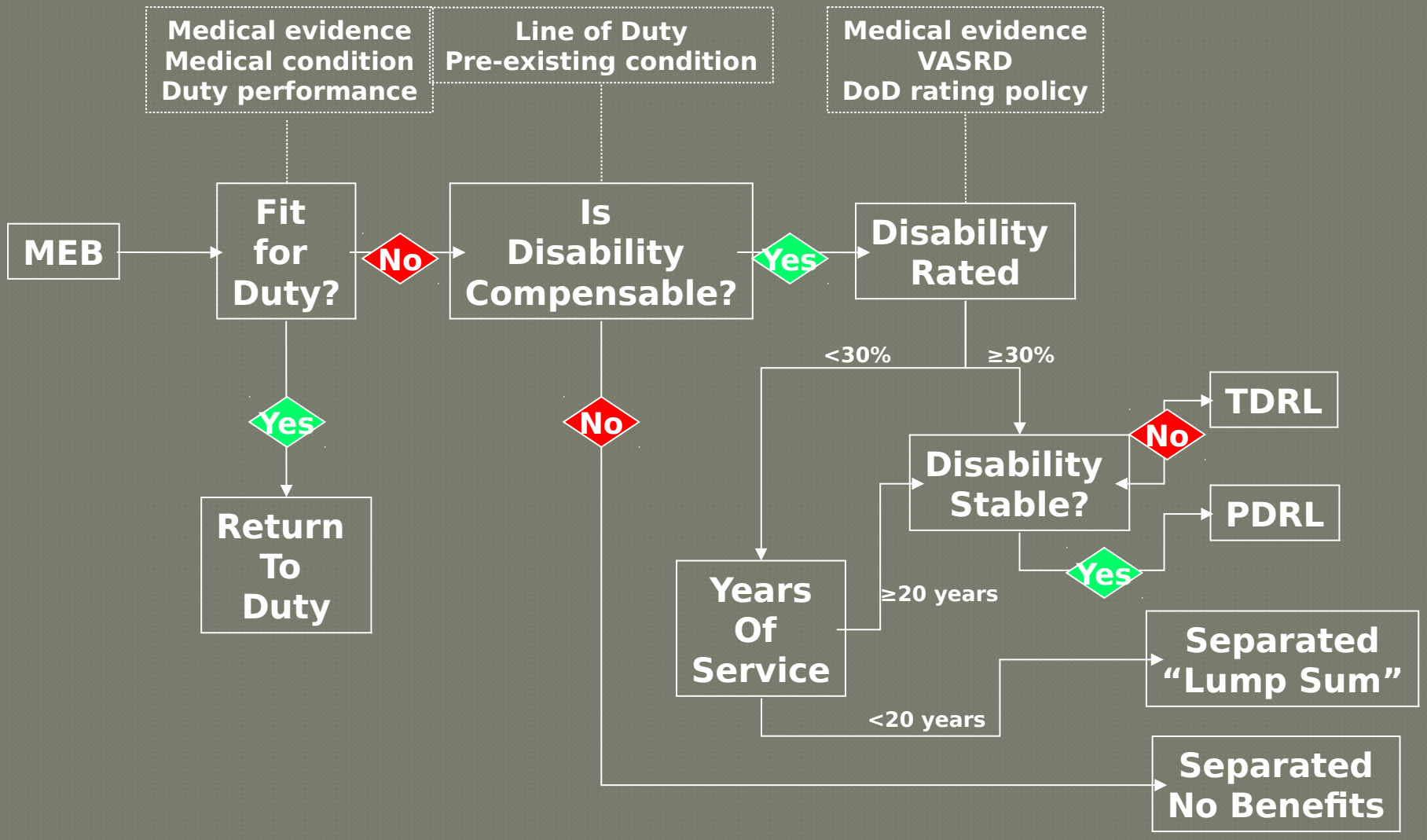
Disability Evaluation System

- “Legacy” DES
- Integrated DES (IDES)
- Expedited DES

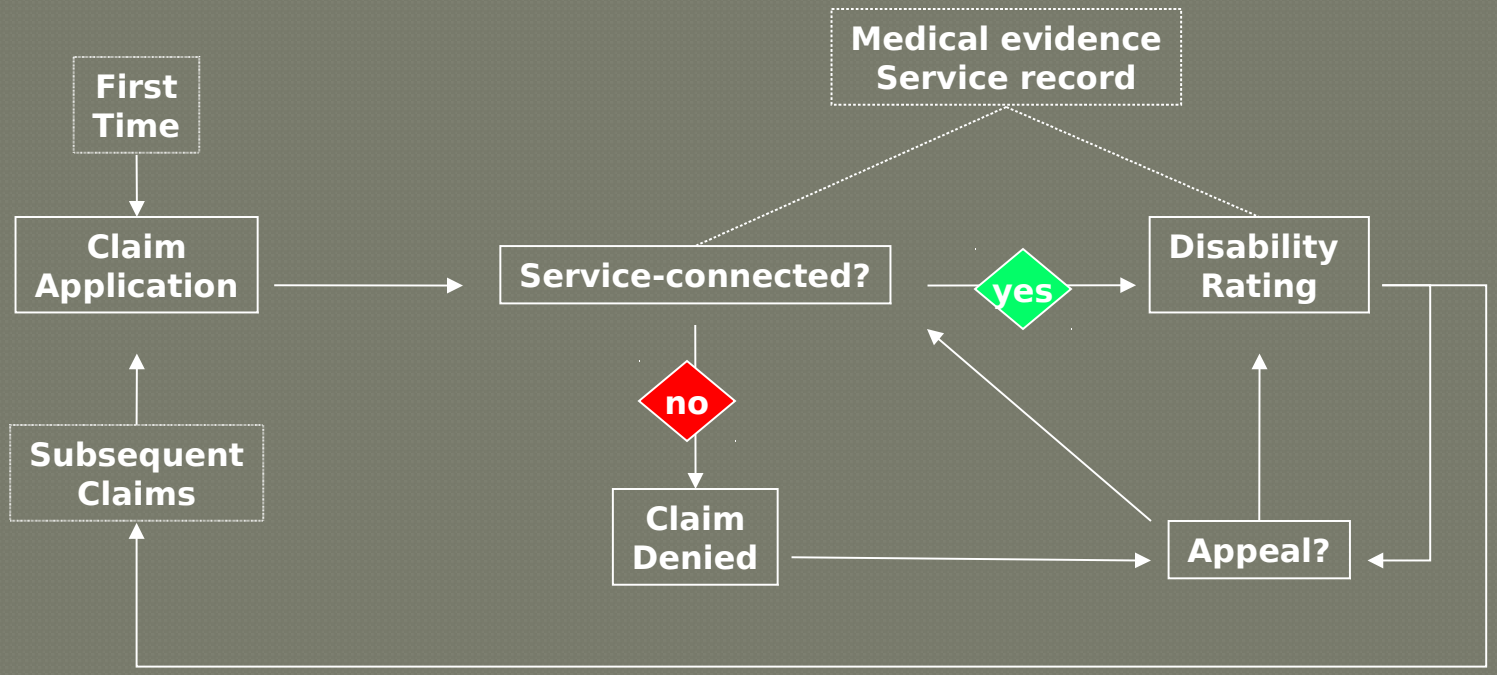
DES Processes – Legacy MEB



DES Processes – Legacy PEB

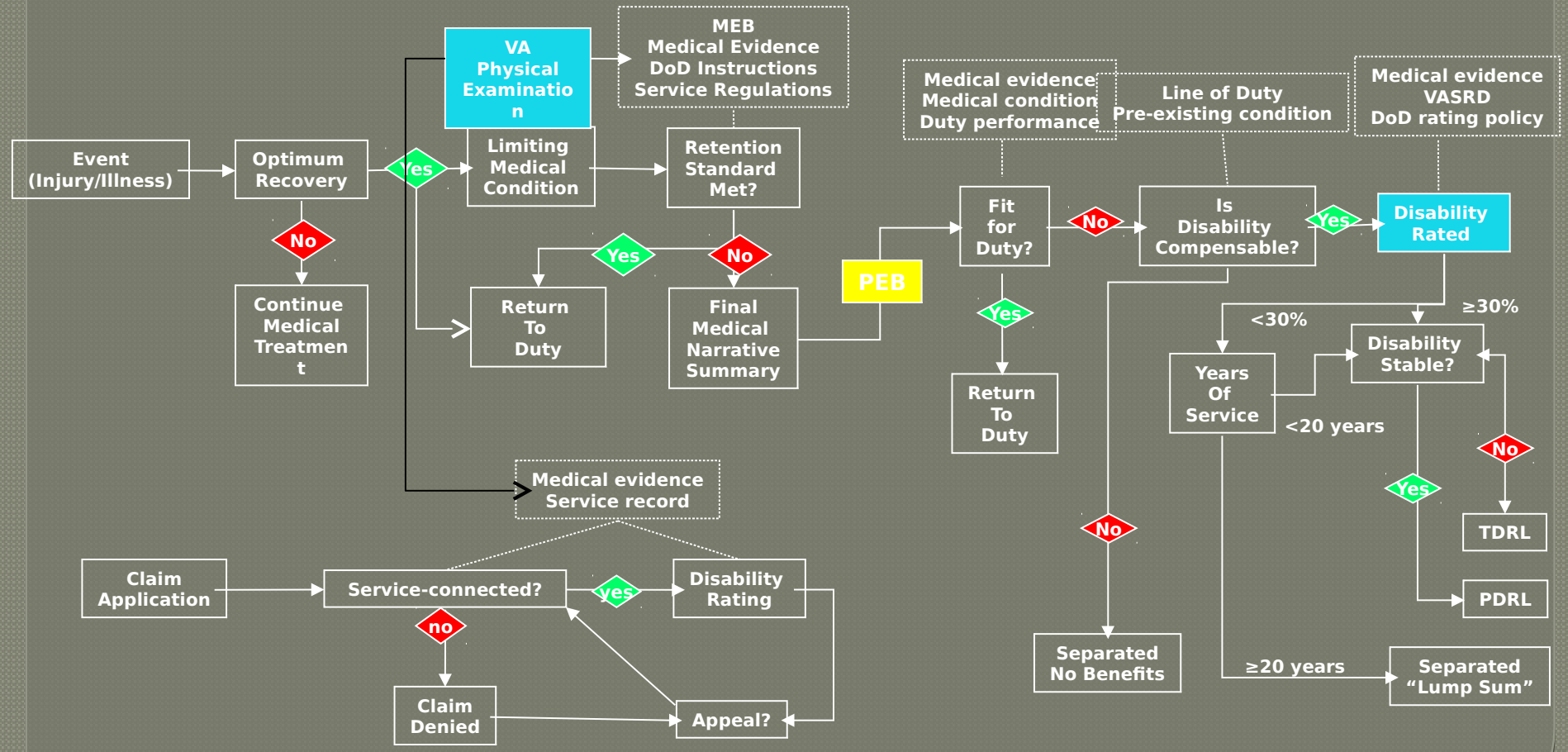


VA Disability Rating Process



Income gap between discharged and when received VA disability compensation

IDES changed which agency conducted the disability rating examination and decreased the time to VA pay



Who Participates in Handoffs?

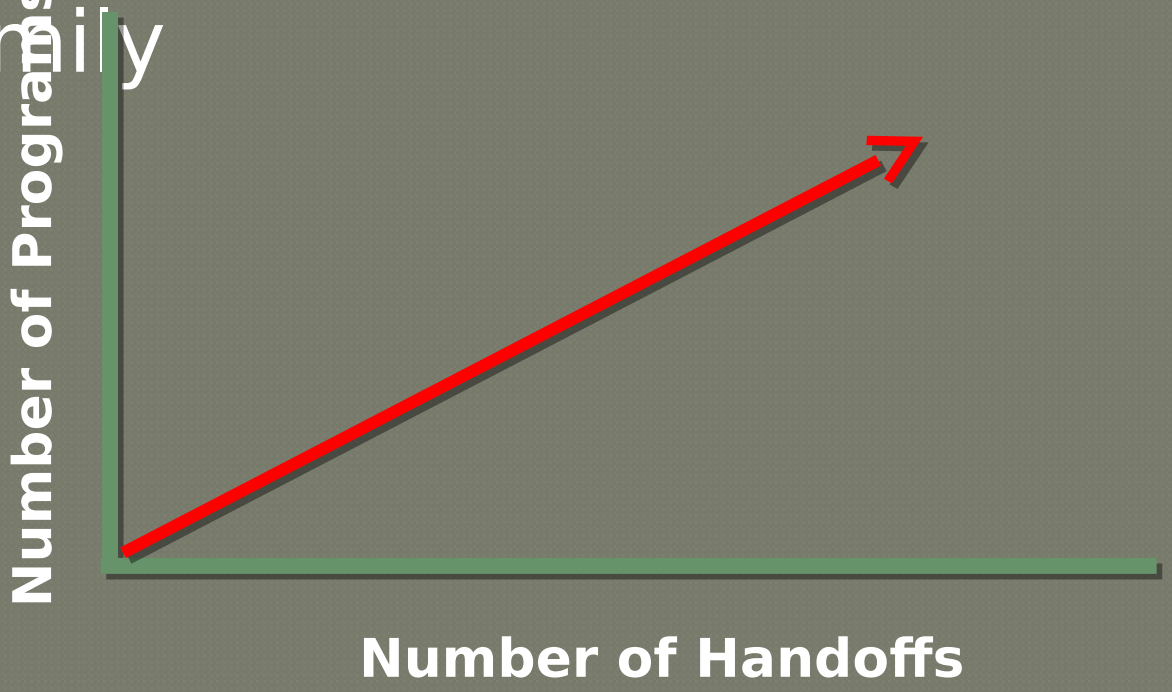
- Clinical case managers
  - Acute inpatient care
  - Outpatient care
  - Disease/condition specific
- Non-clinical case managers
  - Social services
  - Benefit access
- Interdisciplinary medical team members
- Command
- Patient, family and caregivers

Many Programs Participate Depending on Need

Blind Rehabilitation Case Manager (VHA)	DISC Case Manager
Blind Rehabilitation VIST Coordinator (VHA)	DoD Finance Office Liaison
Community Health Nurse Coordinator	Joint Family Support Assistance Program Personnel
Disease/Condition-Specific Case Manager	Legal (includes JAG)
Home Based Primary Care Case Manager (VHA)	Military Liaison
Inpatient Acute Care Case Manager	Military Service Coordinator (VBA)
Military Medical Case Manager	OEF/OIF Coordinator (VBA)
MMSO Case Manager	Other Non-Medical Case Manager
Navy Marine Corps Relief Society Visiting Nurse	PEBLO
OEF/OIF Case Manager or Other Personnel (VHA)	Recovery Care Coordinator (RCC)
OEF/OIF Program Manager (VHA)	Social Security Representative
Outpatient Medical Case Manager	TSGLI Liaison
Polytrauma Case Manager (Lead) (VHA)	Transition Assistance Advisor (National Guard, TAA)
Polytrauma Center Case Manager (VHA)	Transition Patient Advocate (VHA)
Social Work Medical Case Manager	Transition Assistance Liaison (TAL)
Spinal Cord Injury Case Manager (VHA)	Veterans Benefits Counselor (VBC)
Telehealth Case Manager (VHA)	VBA Liaison
TRICARE Beneficiary Counseling and Assistance Coordinator	VR&E Counselor
TRICARE Case Manager	Wounded Warrior Advocate (Varies based on Service)
TRICARE Liaison or Representative	Warrior Transition Unit Triad Case Manager
VA Suicide Prevention Case Manager	
VHA Liaison	
DVBIC TBI Recovery Coordinator	
VA Mental Health Recovery Coordinator	

The Number of Programs Involved

- Make handoffs even more critical
- It is equally important to communicate with the individual and family



Important Handoff Factors

- Be clear
  - Make sure you define terms
  - “Same page, same line, same words”
- Communicate effectively
  - Limit distractions
  - Use checklists
  - Avoid irrelevant details

Important Handoff Factors

- Standardize reporting
  - Improves recall
- Iterative information and follow up
- Technology support
  - Valuable up-to-date information
  - Information transfer continuous
  - Easily accessible

Improving Handoffs

- Interactive communication that allows for the opportunity for questioning between the giver and receiver of patient information
- Up-to-date information regarding the patient's condition, care, treatment, medications, services, and any recent or anticipated changes
- A method to verify the received information, including repeat-back or read-back techniques
- An opportunity for the receiver of the handoff information to review relevant patient historical data, which may include previous care, treatment, and services
- Interruptions during handoffs are limited to minimize the possibility that information fails to be conveyed or is forgotten

Joint Commission, 2006

A Handoff Tool for Your Process

- Process
  - Create a process map.
- Content
  - Create a standard check-list.
- Implementation
  - Garner leadership and participant buy-in.
- Monitoring
  - Ensure the protocol is in place and identify and resolve barriers.

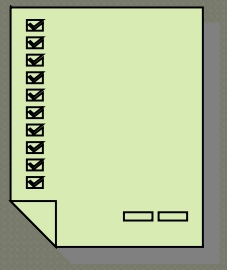
Or Use Another's

- AHRQ
  - http://psnet.ahrq.gov/
- AORN
  - http://www.aorn.org/
- Joint Commission
  - http://www.jointcommission.org/

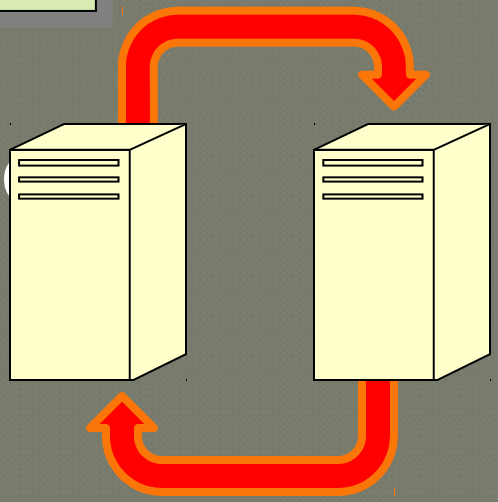
Tools Can Be As Simple As A

- Checklist

- Official Form



- Paper or Electroni



Handoffs

- Depending on the circumstances
  - Are not just “point-to-point”
  - Multiple information providers and receivers
  - Patient experience is additive (or maybe exponential)
- Information accurate and consistency
  - Prevents errors and bad outcomes
  - Sets expectations

Conclusions

- Good handoffs
  - Reduce medical errors
  - Communicate relevant information across transitions
  - Increase understanding of issues
  - Create opportunities for critical intervention
  - Increase trust